

Florida Department of State

Fax Number : (850)617-6383

Division of Corporations
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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BRICK BUSINESS LAW, P.A.

Account Number : 120230000178

Phone : (813)816-1816

Fax Number : (813)692-1982

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: danielle.peynado@brickbusinesslaw.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
IMMIGRATION EXAMS OF TAMPA LLC**

Certificate of Status	0
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Page Count	01
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2024 APR 30 PM 3:21

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2024 APR 30 PM 3:04

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MAY 01 2024
Help

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: IMMIGRATION EXAMS OF TAMPA LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANIELLE PEYNADO

Name of Person

BRICK BUSINESS LAW, P.A.

Firm/Company

3413 W FLETCHER AVE

Address

TAMPA, FLORIDA 33618

City/State and Zip Code

DANIELLE.PEYNADO@BRICKBUSINESSLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIELLE PEYNADO

813

816-1816

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Fax Number : (850)617-4

IMMIGRATION EXAMS OF TAMPA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/04/2013 and assigned Florida document number L13000001811.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2901 WEST SAINT ISABEL STREET

SUITE F

TAMPA, FL 33607

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2901 WEST SAINT ISABEL STREET

SUI TE F

TAMPA, FL 33607

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

BRICK BUSINESS LAW, P.A.

New Registered Office Address:

3413 W FLETCHER AVE

Enter Florida street address

TAMPA

Florida 33618

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Henry

If Changing Registered Agent, Signature of New Registered Agent

Fax Number : (850)617-6383

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	RASHKIN, JOSEPH MD	4726 N. Habana Ave.	<input type="checkbox"/> Add
		Suite 203	<input checked="" type="checkbox"/> Remove
		TAMPA, FL 33614	<input type="checkbox"/> Change
MGR	MEAGAN MANE	16124 Belle Meade Blvd	<input checked="" type="checkbox"/> Add
		Odessa, FL 33556	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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